

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12						
13		1				
14		2				
15		2				
16		0				
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50						
TOTAL IND.	2					
TOTAL DEP.	98					
TOTAL CLAIMS	20					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						